

Jul 26 2024 12:13pm

P002/003

SELF ASSESSMENT REPORT

Have you experienced any medical/surgical events since your last quarterly report?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Have you experienced any psychiatric/mental health issues since your last quarterly report?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Have you started on new medications since your last quarterly report?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Are there any anticipated health events you will experience within the next quarter?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Have you obtained or changed your Primary Care Physician/provider?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
Please describe if you answered yes to any of the questions above (please attach additional sheets as necessary).	

Please describe any major changes in your life:

Started a nurse position full time and
I love it.

Please describe your recovery progress:

will be 3 yrs sober on 9/5/23, have a job in
my group, am active in programs, so grateful
to be in recovery and proud of how far I've come.

Please describe problems you are having complying with the SARP consent agreement:

NONE

What can SARP assist you with?

N/A

Additional comment:

Thank you!

(Please attach additional sheets as necessary)